

**Cleveland Division Of Police**  
8-Hour Telecommunicator Training  
Instructor Manual: Crisis Intervention Team Training

**Slide 1-Title**

- Welcome participants, introduce yourself and the topic.



**Slides 2-3 Training Goal and Objectives**

- State training goal is to learn how to effectively communicate with people in crisis.
- Review the learning objective with the participants.
- State training session will include videos, audio tapes, and role plays.

**TRAINING GOAL**

The goal of this course is to learn about communicating with people who are in crisis.

**TRAINING OBJECTIVES**

- Role of the Crisis Intervention Team Officer
- Definition of crisis
- Signs and symptoms of mental illness
- Active Listening Skills
- Suicide Prevention
- Vicarious Trauma and Self-Care

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**Slide 4-CIT Definition**

- State the CIT definition, per CIT International.
- Emphasize CIT provides officers with strategies when engaging with people in crisis.
- Goal is to provide safety for all with appropriate referral/access to community resources/health care system.

**CIT DEFINITION**

- The **Crisis Intervention Team (CIT)** is an innovative first-responder model of police-based crisis intervention with community, health care, and advocacy partnerships. The CIT Model was first developed in Memphis and has spread throughout the country.
- CIT provides law enforcement-based crisis intervention training for assisting those individuals with a mental illness, and improves the safety of patrol officers, consumers, family members, and citizens within the community. The CIT Model reduces both stigma and the need for further involvement with the criminal justice system.
- Basic Goals are to Improve Officer and Consumer Safety and Redirect Individuals with Mental Illness from the Judicial System to the Health Care System.



Source: CIT International, Inc.

**Slides 5-6 CIT Officer and the Role of Telecommunicator**

- Emphasize the importance of the telecommunicator gathering as much information as they can to relay to the officer.
- Their role is critical in getting accurate and timely information when interacting with the public.
- They should know who the CIT officers are by reviewing the Car Plan log every day, every shift.
- Review their role per the Crisis Intervention Team Response Policy.

**CIT OFFICER AND THE ROLE OF THE TELECOMMUNICATOR**

1. First line of contact with the public
2. Gather as much information as possible to assist the officer
3. Relay any and all pertinent information to the officer as soon as possible
4. Know who the CIT officers are by reviewing the Car Plan log every shift, every day

**CIT OFFICER AND THE ROLE OF THE TELECOMMUNICATOR**

- When available, dispatch a Specialized CIT officer to known, or possible, crisis incidents. When Specialized CIT officer is not available, these assignments shall be dispatched to the first available 2-person zone car and a Specialized CIT officer shall be dispatched as soon as possible.
- Calls that appear to involve an individual in crisis shall be dispatched immediately.
- If a Specialized CIT officer is on a low priority call, he/she shall be re-assigned to the crisis incident.
- Upon request, Specialized CIT officers may be utilized in another district with permission from the officer's sector supervisor.
- **Telecommunicators** shall advise officers if the subject is in crisis and/or a juvenile, if known.

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**Slide 7-Crisis Intervention Team Program**

- Review bullet points related to the CIT Program.
- Review Cleveland's CIT policies at this time and hand out the policy to the group.

**CRISIS INTERVENTION TEAM PROGRAM**

- The CIT Program has the stated goal of training enough Specialized CIT Officers so that one is available to handle every Mental Health/Crisis Call dispatched in the City of Cleveland.
- Until we have enough Specialized CIT Officers to handle all of these calls, we will continue to dispatch CIT Officers (Trained under our previous CIT Training) to as many crisis calls as possible.
- During this time the preference for dispatching to crisis calls will be as follows.
  1. Specialized CIT Officer
  2. CIT Officer
  3. Non CIT Officer
- Supervisors will have to mark the Lineup Sheets sent to Dispatch and indicate "Specialized CIT" and "CIT" trained officers.

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**Slide 8-Ice Breaker Activity**

**Activity:** Ask participants the following questions:

1) Using one word, how would you describe the role of a telecommunicator?

**Anticipated responses:** *glorified secretary, director, helper*

2) Why do people call?

**Anticipated responses:** *for help, they're lonely, emergency*

3) What are they asking for?

**Anticipated responses:** *information, want help, resources*

- Discuss responses.
- This activity will explore how they view themselves and their role as a telecommunicator.
- It will also explore their perception of why people call and what they are asking for.

**ICE BREAKER ACTIVITY**

- Using one word, how would you describe the role of a Telecommunicator?
- Why do people call?
- What are they asking for?

**Slide 9-Definition of Crisis**

- Instructor to ask participants how they define crisis.
- Ask them to think about a time they experienced a crisis. How did they feel?

**Anticipated responses:** *scared, overwhelmed, stressed*

- How did they handle the situation?

**Anticipated responses:** *sought support from others (professional/informal)*

- Discuss responses.
- Share and discuss the crises definition and how it relates to the calls they receive daily.
- **Slide Notes:** Emphasize that a *crisis is unique to that person, no two crises are alike, it could happen at any time, and it is insurmountable for that person to overcome.*

**DEFINITION OF CRISIS**

A crisis can involve an individual's perception or experience of an event or situation as an intolerable difficulty that exceeds the individual's current resources and coping mechanisms and may include unusual stress in their life that renders them unable to function as they normally would, which may make them a danger to self or others.

Source: CIT Policy

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**Slide 10-Mental Illness: The Facts**

- State mental illness facts (source: nami.org)
- Give hand-out titled **Mental Illness in America** from [www.nami.org](http://www.nami.org).
- Refer to hand-out and review the statistics and state each bullet point:

▪*One in five people suffer from Mental Illness*

***Instructor have group process that number and understand how prevalent mental illness is.***

▪*It can occur at any age*

***State children can be diagnosed with mental illness we will discuss those statistics later on in the training.***

▪*It's not directly related to income, race, socio-economic status, region, etc.*

***Instructor state mental illness does not discriminate, it can affect anyone. We need to help de-stigmatize mental illness by educating others that mental illness does not affect one group of people.***

▪*It can be treated but not cured.*

***Instructor state that mental illness is like any other medical condition (i.e. diabetes, asthma, high blood pressure). People do recover and can manage their illness if in treatment and following their plan of care.***

▪*It can be a frequent cause of disability, poverty, crime and early death.*

***Instructor state these things can occur when person non-compliant or not actively in treatment. These are the individuals that call them daily.***

▪Discuss prevalence and acknowledge that participants may also have personal experience as it relates to mental illness (i.e. friends, family members, etc.)

**MENTAL ILLNESS: THE FACTS**

- One in five people suffer from Mental Illness
- It can occur at any age
- It's not directly related to income, race, socio-economic status, region, etc.
- It can be treated but not cured
- It can be a frequent cause of disability, poverty, crime and early death

Source: National Alliance on Mental Illness (NAMI)  
[www.nami.org](http://www.nami.org)

**Slide 11 Loss Model: Profiles of People in Crisis**

- Introduce the Loss Model. State developed by OPOTA (Ohio Peace Officer Training Academy).
- Slide Notes:** The Loss Model is a way of recognizing signs and symptoms from a non-clinical perspective. It provides de-escalation strategies for each encounter you may face.



Mental Illness  
is a Loss

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**Slide 12 Loss Model: Profiles of People in Crisis**

▪**Slide Notes:** The Loss Model is a way of recognizing signs and symptoms from a non-clinical perspective. It provides de-escalation strategies for each encounter you may face.

**LOSS MODEL:  
PROFILES OF PEOPLE IN CRISIS**

Four categories within the Loss Model

- Loss of Reality
- Loss of Hope
- Loss of Control
- Loss of Perspective

Source: Ohio Peace Officer Training Academy 2016

**Slide 13-Observable Characteristics**

- Review the diagnosis for each profile.
- Purpose is to familiarize participants with diagnosis and what profile category they fall under.
- Re-emphasize the goal is to recognize signs and symptoms not the diagnosis.
- Ask participants what their experience has been with the various mental illnesses listed? What do they already know?

**OBSERVABLE CHARACTERISTICS**



**Loss of Reality**  
Schizophrenia  
Dementia  
Drug-Induced Psychosis  
Other Psychotic Disorders



**Loss of Control**  
Manic Stages of  
Bi-polar  
Borderline PD  
Oppositional DD  
Anti-Social PD  
Impulse Control Disorders



**Loss of Hope**  
Depression  
Depressive stages of Bi-polar  
Adjustment Disorders



**Loss of Perspective**  
Anxiety and Panic Disorders  
Obsessive Compulsive Disorder  
Post-Traumatic Stress Disorder

Source: Ohio Peace Officer Training Academy 2016

**Slide 14-Loss Model: Loss of Reality**

- Introduce the Loss of Reality profile.
- State each of the characteristics listed on the slide.
- Ask participants: What does this look like to them as far as diagnosis?

***Anticipated response(s): most often will say schizophrenia, possibly dementia***

**LOSS MODEL: LOSS OF REALITY**

Profile description

- The person may be frightened, confused, and have difficulty concentrating or communicating
- The person may appear to be experiencing delusions or hallucination
- Inability to focus
- Disorganized thinking

Source: Ohio Peace Officer Training Academy 2016



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**Slide 15-Loss Model: Loss of Reality**

- State the person with a loss of reality may experience delusions and hallucinations.
- State definition listed on slide.
- Ask participants to share examples of delusions and hallucinations based on calls they've received or other experiences.

***Anticipated response(s) for delusions: "they" are out to get me, believing they are someone important/famous or married to someone famous (i.e. "I am the King of England", "I am married to Michael Jackson")***

***Anticipated response(s) for hallucinations: hearing voices, seeing things***

**LOSS MODEL: LOSS OF REALITY**

- Delusion is a false fixed belief held by that person
- Hallucination is a sensory deficit in which the person may "see things that are not there"; "hear voices"; "tactical-feels like things are crawling on them"; "olfactory-smells things that are not there"

Source: Ohio Peace Officer Training Academy 2016



**Slide 16-Loss Model: Loss of Reality**

- Review de-escalation and communication strategies when engaging with people who have a loss of reality.
- Ask participants why it's important to neither validate or deny existence of what the person is experiencing.

***Anticipated response(s): will escalate the situation, make the person angrier***

▪**Activity:** Play listening tape.

▪**Debrief listening tape:** *What went well? What they would have done differently?*

**LOSS MODEL: LOSS OF REALITY**

**De-escalation goal and communication tactics**

- Neither validate or deny the existence of what the person is experiencing
- Instead, defer the issue of a person's delusions by acknowledging how the person's view of the situation must make him/her feel



Source: Ohio Peace Officer Training Academy 2016

**Slide 17-Loss Model: Loss of Reality**

- State de-escalation techniques.
- Cut through the fear by asking the caller direct, simple questions or give them direct and simple commands that will assist in helping the caller focus.
- Emphasize importance of asking about command voices for officer safety, the caller's safety, and any other individuals that may be near or with the caller.
- Activity/Role Play:** Ask for two volunteers, one will be the caller the other will be the operator. Demonstrate loss of reality caller.

**LOSS MODEL: LOSS OF REALITY**

- Cut through the fear and confusion and get the person to voluntarily comply with your request
- If the person is experiencing "command voices," it is especially important for officer safety that you be aware that the "voices" may be telling the person to do something. Try to understand by asking, "Are you hearing voices?" and if their response is "Yes," then ask, "What are they telling you?"

Source: Ohio Peace Officer Training Academy 2016

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**Slide 17-Loss Model: Loss of Reality (continued)**

**Role Play:** A 32 year old female calls to advise that she sees her deceased older brother sitting on the edge of her bed. She goes on to say that he died when they were in grade school after a tragic house fire. He was playing with matches at the time and now he is telling her to start a fire in her current home so that they can be together. She then starts rambling about being late for work and that she could potentially lose her job. When asked whether or not she is home alone, she states that her 3 year old twins are asleep and that her husband has already left for work. As she is asked additional questions, the female discloses that she needs to buy some spinach for dinner and get to the ticket office to get 'Disney on Ice' tickets for her kids. The caller interjects that her brother is getting agitated because she won't start the fire. She said she is complying with his wishes, states she has started the fire and has left her bedroom. She states she smells smoke and is going to grab her kids. A few seconds later, the next voice on the line is a healthcare professional at the facility where the caller is currently living at.

**Debrief role play:** What went well? What could have been done differently?

**Slide 18-Loss Model: Loss of Reality**

- Show Mindstorm video.
- **Activity: Give participants questionnaire to answer while watching video.**
  - 1) What were the signs of delusion?
  - 2) What were the signs of hallucinations?
  - 3) What were the safety issues?
  - 4) What are the challenges when interacting with this type of disorder?
- Debrief video, get feedback using questionnaire.

**Slide 19-Loss Model: Loss of Hope**

Introduce the Loss of Hope profile.

- State each of the characteristics listed on the slide.
- Ask participants: What does this look like to them as far as diagnosis?

***Anticipated response(s): depression***

**LOSS MODEL: LOSS OF REALITY**

- Cut through the fear and confusion and get the person to voluntarily comply with your request
- If the person is experiencing "command voices," it is especially important for officer safety that you be aware that the "voices" may be telling the person to do something. Try to understand by asking, "Are you hearing voices?" and if their response is "Yes," then ask, "What are they telling you?"

Source: Ohio Peace Officer Training Academy 2016

**VIDEO: MINDSTORM**



<https://www.youtube.com/watch?v=W7Pt5XIV74>

Video Source: Janssen

**LOSS MODEL: LOSS OF HOPE**

**Profile description**

- The person may be emotional, very withdrawn, fatigued, feeling overwhelmed, crying, in despair, or presenting suicidal talk or gestures
- He/she may have strong feelings of being helpless, hopeless, and worthless; he/she may have experienced a recent loss

Source: Ohio Peace Officer Training Academy 2016

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**Slide 20-Loss Model: Loss of Hope**

- State de-escalation techniques.
- The key is to instill hope and let the person know there is help available.
- Be prepared to address thoughts of suicide. How to handle suicide callers will be addressed later in the training.
- Instructor emphasize need for caller to be patient, to demonstrate empathy and concern through their tone of voice. Again reiterating help is available.

**Activity:** Play listening tape.

▪**Debrief listening tape:** What went well? What they would have done differently?

**(Loss of hope role play will be done later with suicide caller section)**

**LOSS MODEL: LOSS OF HOPE**

**De-escalation goal and communication tactics**

- Instill some hope within the encounter so that the person can be persuaded to talk to someone or seek help
- You should be prepared to address thoughts of suicide



Source: Ohio Peace Officer Training Academy 2016

**Slide 21-Loss Model: Loss of Control**

Introduce the Loss of Control profile.

- State each of the characteristics listed on the slide.
- Ask participants: What does this look like to them as far as diagnosis?

***Anticipated response(s):bipolar disorder, borderline personality disorder***

**LOSS MODEL: LOSS OF CONTROL**

**Profile description**

- This person may be angry, irritable, or hostile
- Can present himself/herself as a victim and he/she does not feel listened to
- May be manipulative, impulsive, destructive, or argumentative
- A person on the phone may sound as if they are out of control as part of the fight vs flight response to stress

Source: Ohio Peace Officer Training Academy 2016



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**Slide 22-Loss Model: Loss of Control**

- State the de-escalation techniques.
- Reminder to remain professional, do not take it personal. Caller is looking for someone to hear them out.
- Goal is to remain calm and monitor tone and have caller mirror operator's behavior and tone.
- Determine the source of the caller's anger/frustration and let them know how and what you can help them with.
- Attempt to focus and redirect the caller.

**Activity:** Play listening tape.

▪**Debrief listening tape:** What went well? What they would have done differently?

**Activity/Role Play:** Ask for two volunteers, one will be the caller the other will be the operator. Demonstrate loss of control caller.

**LOSS MODEL: LOSS OF CONTROL**

**De-escalation goal and communication tactics**

- Remain professional; do not take what he/she says personally
- Attempt to calm the person by letting him/her vent; use active listening skills
- Try to identify the source of the person's anger; acknowledge the emotion and give a directive



Source: Ohio Peace Officer Training Academy 2016



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**Slide 22-Loss Model: Loss of Control (continued)**

**Role Play:** A male caller has contacted his local police department to complain about the incessant noise disturbances that he has been having to report. He is extremely upset and feels that his quality of life has been infringed upon and that the police are doing nothing to stop this activity. He feels that the more he calls about the situation, the more the police ignore his requests to speak to his neighbors. The male is threatening to take all of his complaints to the local media despite the telecommunicator's efforts to assure him that police will handle the situation. The caller is not allowing the telecommunicator an opportunity to get a word in and has become verbally abusive.

**Debrief role play:** What went well? What could have been done differently?

**LOSS MODEL: LOSS OF CONTROL**

**De-escalation goal and communication tactics**

- Remain professional; do not take what he/she says personally
- Attempt to calm the person by letting him/her vent; use active listening skills
- Try to identify the source of the person's anger; acknowledge the emotion and give a directive



Source: Ohio Peace Officer Training Academy 2016

**Slide 23-Loss Model: Loss of Perspective**

- Introduce the Loss of Perspective profile.
- State each of the characteristics listed on the slide.
- Ask participants: What does this look like to them as far as diagnosis?

***Anticipated response(s): anxiety, PTSD, obsessive compulsive disorder***

**LOSS MODEL: LOSS OF PERSPECTIVE**

**Profile description**

- This person is anxious, worried, or nervous, which can escalate to feeling panicked
- Physical symptoms include trembling, shaking, chest pain, and/or discomfort
- The person could also seem overly energetic or be displaying extreme highs and lows (i.e., mood swings) during the encounter

Source: Ohio Peace Officer Training Academy 2016

**Slide 24-Loss Model: Loss of Perspective**

- State de-escalation techniques.
- Goal is to bring person's energy down.
- Calm the person's anxiety through empathy and patience. Be mindful of your tone.
- Avoid saying "calm down". Will escalate the situation or make caller more anxious.

**Activity:** Play listening tape.

**Debrief listening tape:** What went well? What they would have done differently?

**Activity/Role Play:** Ask for two volunteers, one will be the caller the other will be the operator. Demonstrate loss of perspective caller.

**LOSS MODEL: LOSS OF PERSPECTIVE**

**De-escalation goal and communication tactics**

- Bring the person's energy down
- Calm the person's anxiety through empathy and patience; oftentimes using a soft and calm tone encourages individuals to mirror your tone



Source: Ohio Peace Officer Training Academy 2016

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**Slide 24-Loss Model: Loss of Perspective (cont'd)**

**Role Play:** A middle-aged African American male calls to say that the police are following him and he needs to get away. He is currently hiding in an alley and when asked if did anything for the police to be looking for him, he denies such happenings. The telecommunicator has looked at the city's active events and sees that there was a bank robbery in the immediate vicinity of the caller. The caller now advises that he feels like he is about to have a heart attack and is starting to hyperventilate. At this point, the telecommunicator asks the male for his description to see if it matches that of the suspect that the police are looking for. (The suspect is a 19 year old white male). There is a totally opposite description of the suspect. The telecommunicator tries to advise the caller of this and that the police are in the area for something else...he is not listening. The caller is advised that an ambulance is being sent his way to check him out; he is now laughing and tells the telecommunicator that they are overreacting. He states that he just wants to talk to the police about following him for no reason and that he really likes police officers in general. He just wants a friendly officer to come and tell him that he is not the reason that they are in the area and once they do that, he will be on his merry way.

**Debrief role play:** What went well? What could have been done differently?

**LOSS MODEL: LOSS OF PERSPECTIVE**

**De-escalation goal and communication tactics**

- Bring the person's energy down
- Calm the person's anxiety through empathy and patience; oftentimes using a soft and calm tone encourages individuals to mirror your tone



Source: Ohio Peace Officer Training Academy 2016



**Slide 25-Substance Use Disorders**

**True or False**

- Introduce topic of substance use disorder with 3 true/false questions.
- Read the questions from the slide-answers found in the notes section of PowerPoint.

**Slide Notes:** Introduce topic of substance use disorder with following short true/false quiz

Answers:

- 1) True
- 2) True
- 3) True – statistic obtained from National Institute of Health

**SUBSTANCE USE DISORDERS  
TRUE OR FALSE**

**True or False...**

- 1) Substance use is considered a brain disorder.
- 2) Substance use is preventable and treatable.
- 3) 40 million Americans ages 12 and older abuse or are addicted to nicotine, alcohol or other drugs. More than the numbers of Americans with heart conditions, diabetes, and cancer.

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**Slide 26-Substance Use Disorder**

- State substance use disorder facts, per samhsa.gov
- Ask participants: What types of calls do they get related to substance use disorders?

***Anticipated response(s): to get help/treatment, resources***

**SUBSTANCE USE DISORDER**

- Development of chronic pattern of use
- Inability to function without the drug and/or alcohol
- Greater tolerance to the drug and/or alcohol
- Impacts quality of life with family, friends and others
- Subject to overdose due to continued abuse

Source: Substance Abuse and Mental Health Services Administration  
www.samhsa.gov

**Slide 27-Dual Disorders**

- Explain what dual disorder is.
- Callers can have mental illness plus SUD, DD or all of the above
- State it is difficult to determine which came first.
- Discuss how one illness can impact and/or exacerbate the other.
- Discuss prevalence statistic on slide from nami.org.
- Give hand-out titled **who is affected?** From NIH.

**DUAL DISORDERS**

Mental Illness



- Alcohol abuse
- Drug abuse
- Developmental Disability

According to a 2014 National Survey on Drug Use and Health, 7.9 million people in the U.S. experience both a mental disorder and substance use disorder simultaneously. More than half of those people – 4.1 million to be exact – are men.

Source: National Alliance on Mental Illness (NAMI)  
www.nami.org

**Slide 28-Children's Mental Health True or False**

- Introduce topic of children's mental health with 3 true/false questions.
- Read the questions from the slide-answers found in the notes section of PowerPoint.

**Slide Notes:** Introduce topic of children's mental health with following short true/false quiz

Answers:

- 1) False – answer is 20% of youth ages 13-18 live with mental health condition
- 2) True
- 3) True

**CHILDREN'S MENTAL HEALTH  
TRUE OR FALSE**

True or False...

- 1) 10% of youth ages 13-18 live with a mental health condition.
- 2) 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.
- 3) Trying to harm or kill oneself, out-of-control/risk-taking behaviors and severe mood swings are all warning signs of mental illness.

Source: National Alliance on Mental Illness (NAMI)  
www.nami.org

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**Slide 29-What to People want when calling about children?**

▪Ask participants what do people want when they call 911 about children?

**Anticipated response(s): take them to the hospital**

▪Children in crisis-What types of crisis are they calling about?

**Anticipated response(s): child acting out, combative**

▪Mental health issues-What types of mental health issues are they calling about?

**Anticipated response(s): depression, anxiety**

▪Suicide ideation and attempts

**Anticipated response(s): cutting themselves, pills**

**Activity:** Play listening tape.

▪**Debrief listening tape:** What went well? What they would have done differently?

▪Give hand-outs related to **suicide ideation and attempts and depressive symptoms** of youth in Cuyahoga County.

**WHAT DO PEOPLE WANT WHEN CALLING ABOUT CHILDREN?**

- Children in crisis
- Mental health issues
- Suicide ideation and attempts



**Slide 30-Children's Mental Health Issues**

▪State children's mental health issues statistics, per nami.org.

▪Refer to hand-out titled **Mental Health Facts Children & Teens** from nami.org (found on the back of Mental Health Facts in America handed out with slide 10)

**CHILDREN'S MENTAL HEALTH ISSUES**

- Age of onset of diagnosis is about 12 years old
- Chronic behavior problems at school and home
- Mimics adult diagnosis but at a different level
- Running away from home, substance abuse, isolation, domestic issues at home, etc.

Source:Source:National Alliance on Mental Illness (NAMI)  
www.nami.org

**Slide 31-Communication and Active Listening: Game of the Telephone**

**Activity:** Explain to the group that you will playing the game of telephone and will need four volunteers. **(Be sure activity is done outside of the training room where the other participants can't hear what is going on).**

▪Facilitator will have a story to share with the first volunteer. The first volunteer will share the story with the next volunteer until the story is shared with all four volunteers.

▪Each time the story is told, facilitator should decrease time given.

▪The fourth volunteer shares the story with the group.

▪Share the original story with the whole group.

Ask participants what happens when we transmit information? How does communication break down? How does this relate to their role as dispatchers?

**COMMUNICATION AND ACTIVE LISTENING: GAME OF THE TELEPHONE**

- Need four volunteers
- Staff will take the first person out of the room and whisper the story
- Each person is going to whisper the message in the other person's ear
- Last person will announce to the group the message.
- What happens when we transmit information?
- How does communication break down?

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**Slide 32-What is Active Listening?**

- Introduce active listening.
- Ask participants what active listening means to them before sharing/reading the definition.
- Anticipated response(s): truly understanding, being empathetic***
- Key points related to active listening: paying attention, asking open-ended questions, focusing on what is being said, what they hear, understanding what is being said, being empathetic.

**WHAT IS ACTIVE LISTENING?**

Active Listening is a communication technique that a listener uses to show the speaker they are engaged and attentive to what they are saying. It requires more listening than talking. The goal is to truly understand the speaker's perspective and communicate that understanding back to them to confirm accuracy.

*"Most people do not listen with the intent to understand; they listen with the intent to reply. Seek first to understand."*  
Stephen R. Covey

**Slide 33-Active Listening Skills**

- State there are 8 active listening skills.
- Remind participants these are learned skills and take practice. It involves focus, concentration, and patience.
- **Acknowledge that this information is not new to them but a refresher to sharpen and enhance their skill set.**
- The goal of active listening is to **demonstrate understanding** and that you empathize with the other person.
- List each skill individually and state each concept will be discussed in further detail.

**ACTIVE LISTENING SKILLS**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Paraphrasing</li> <li>• Emotional Labeling</li> <li>• Reflecting or Mirroring</li> <li>• Effective Pauses and Silence</li> </ul> | <ul style="list-style-type: none"> <li>• Minimal Encouragers</li> <li>• "I" Messages</li> <li>• Open-ended questions</li> <li>• Summarizing</li> </ul> |
|---|--|

**Slide 34-Active Listening Skills**

- This slide reviews paraphrasing and emotional labeling – discuss each skill, define and give examples.
- **Paraphrasing:** Restating the speaker's statement in your own words. Paraphrasing tells the speaker that this is what you interpreted their message to be and you are confirming this with them. It demonstrates you're listening and attentive. If listener misunderstands, it allows for clarification.
- Examples of paraphrasing include: *"What I'm hearing is..."*, *"Sounds like you're saying..."*, and *"If I'm hearing you correctly..."*
- **Emotional Labeling:** Statement of emotions heard. Listener is interpreting and validating the speaker's emotions. They are also confirming they interpreted their emotions correctly.
- Examples of emotional labeling include: *"You sound angry..."*, *"You seem hurt..."*, *"You sound frustrated..."*

**ACTIVE LISTENING SKILLS**

**PARAPHRASING**

- Rephrasing/restating the speaker's statement in your own words
- "What I'm hearing is..."*
- "Sounds like you are saying..."*
- "If I'm hearing you correctly..."*

**EMOTIONAL LABELING**

- Statement of emotions heard
- "You sound angry..."*
- "You seem hurt..."*
- "You sound frustrated..."*



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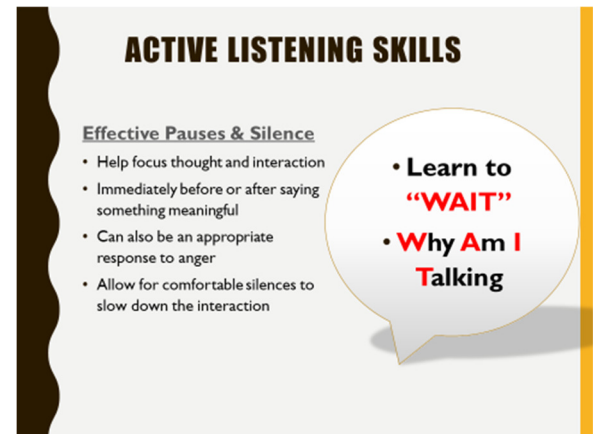
**Slide 35-Active Listening Skills**

- This slide reviews reflecting or mirroring – discuss skill, define and give examples.
- **Reflecting or Mirroring:** Repeat back the speaker's last few words. Again, reflects their feelings, demonstrates understanding.
- Examples of reflecting or mirroring include: **Speaker:** *"She doesn't pay attention to what I say to her and it makes me angry."*  
**You:** *"It makes you angry."*



**Slide 36-Active Listening Skills**

- This slide reviews effective pauses and silence – discuss skill, define and give examples.
- **Effective Pauses and Silence:** Discuss how we tend to find silence uncomfortable but it does serve a purpose in some cases. The speaker may be gathering their thoughts, they may pause because the topic is difficult or painful to discuss. It's okay to pause and be silent before jumping in to respond or comment.
- Emphasize that we don't need to be talking all the time. Introduce **WAIT-Why Am I Talking**. Keeping this in mind slows things down.
- This skill also demonstrates to the listener that you aren't trying to rush them and respectful of their feelings. Key here is patience.
- "WAIT" acronym from Janine Diver (<http://www.lyintamer.com/>) as referenced in article: *Eight Ways Police Can Improve Their Active Listening Skills* by Tim Hardiman.



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### **Slide 37-Active Listening Skills**

- This slide reviews minimal encouragers and “I” messages - discuss each skill, define and give examples.
- **Minimal Encouragers:** Demonstrates you’re with the speaker, you’re listening and attentive. It lets the speaker know you are engaged without interrupting. It can be verbal or non-verbal.
- Examples of minimal encouragers include: “Uh-huh”, “Yeah...”, “Really?” “OH?” Non-verbal examples can include nodding or using a hand gesture to encourage speaker to continue.
- Be mindful of overuse of minimal encouragers. Sometimes people overuse to show they are listening when they really aren’t.
- **“I” messages:** I statement puts ownership on the listener – assign feelings to yourself not the speaker. Otherwise, may cause defensiveness. For example, “You’re angry” sounds confrontational where “It sounds to me like you’re angry” suggests this is your interpretation but it’s not stating the speaker feels this way.

### **ACTIVE LISTENING SKILLS**

#### **Minimal Encouragers**

- Brief responses that indicate you’re present
  - They can be verbal or non-verbal
- “Uh-huh” “Yeah.”  
 “Really?” “Oh?”

#### **“I” Messages**

- “I” statements puts ownership on listener
  - You assign feelings to yourself rather than speaker
- “I feel frustrated when you yell at me because it stops me from listening to you.”*

### **Slide 38-Active Listening Skills**

- This slide reviews open-ended questions and summarizing – discuss each skill, define and give examples.
  - **Open-ended questions:** Allows the speaker to elaborate and helps the listener obtain more information with hopes of gaining better understanding. Requires more than a yes/no answer.
  - Examples of open-ended questions include: “What...?”, “How...?”, “When...?”, “What happened today?”
  - **Summarizing:** Retelling the story or parts of the story. It lets the speaker know what you’ve heard, encourages them to correct, clarify or add. Again, demonstrates understanding and hopefully that you’re on the same page.
- Activity/Role Play:** Ask for two volunteers, one will be the caller the other will be the operator. Demonstrate third party caller.
- Role Play:** Rite Aid cashier calls 911 stating mother and son arguing in the store. States they are being disruptive. States man is “out of control”, yelling at mom and demanding his beer. States male is very agitated and keeps repeating he wants his beer as he paces back and forth.
- Debrief role play.** What went well? What could have been done differently?

### **ACTIVE LISTENING SKILLS**

#### **Open-ended Questions**

- Questions that require more than a “yes” or a “no” answer
- “What...?”  
 “How...?”  
 “When...?”  
 “What happened today?”

#### **Summarizing**

- Retelling the story or part of the story in your own words
- “Ok, so what you have told me so far is this...and as a result, you feel...Do I understand you correctly?”*


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**Slide 39-Barriers to Active Listening**

- There are barriers to active listening and we must be mindful of those pitfalls. Review barriers and how they negatively impact active listening.
- Barriers may include: arguing, patronizing, interrupting, judgmental, listening to respond, distractions, and impatient.
- **Arguing and patronizing** may escalate the situation instead of diffusing it. Does not reflect one is truly listening, does not promote trust.
- **Interrupting, listening to respond and impatient** can demonstrate that you're rushing the listener and/or disinterested or that you're not trying to see things from their perspective.
- **Judgmental** may reflect a bias or stereotype one has. Be mindful of your triggers and realize it's not about agreeing with the person but understanding their point of view. Remember to be empathic.
- Try to avoid distractions, can be difficult as sometimes this is out of our control. However, try to focus solely on the speaker. This takes practice.
- Emphasize that they will need to rely on the caller's voice intonation instead of their body language/non-verbal cues (i.e. do they sound excited, scared, upset, angry, disoriented, etc.)

### BARRIERS TO ACTIVE LISTENING

- Arguing
- Patronizing
- Interrupting
- Judgmental
- Listening to respond
- Distractions
- Impatient



"I'm sorry, I wasn't listening. Can you repeat everything you've said so we don't start working here?"

**Slide 40-Tone**

**Activity:** Show video and get reactions.

- Discuss the importance of tone and how one says something can change the meaning and how it is interpreted.
- Your tone can be helpful or it can be hurtful. It can dictate the direction of the call/interaction (escalate or de-escalate)**

**Slide Note: Tone Setting:** Obtain complete information, be matter of fact, provide accurate information, avoid negative statements, don't be apologetic or reluctant, be aware of your tone.

### TONE



it's not what you say. but how you say it..

<https://youtu.be/SSVEh1GQ9FE>

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**Slide 41-Empathy**


**Activity:** Show video and get reactions.

- Review empathy again and the importance in active listening.
- Emphasize that empathizing with someone does not mean that you agree with that person but understand their perspective of their situation/crisis.

## EMPATHY

- Empathy is the ability to understand another person from their frame of reference. To see their situation through their eyes
- Empathy does not mean that you have to agree with the other person but understand

<https://www.youtube.com/watch?v=7hFAv8z8xmW>



**Slide 42-Additional Phrases to Use**

- State additional phrases that can be used during a call to demonstrate active listening.
- Ask participants for other suggestions.
- What has worked for them?


## ADDITIONAL PHRASES TO USE

- How can we help you
- That must be difficult to ...
- We will try to work with you to resolve the problem
- Please clarify
- Is there anyone else there to assist you with this call
- I need you to help me help you

**Slide 43-Phrases to Avoid**

- Calm down = advice giving statement, creates feeling of being “put down”. May escalate the person especially if they are anxious
  - You should or shouldn't = judgmental, advice giving
  - I understand = used to silence people, you may not completely understand their experience. You can demonstrate understanding/empathy
  - Why = accusatory, creates defensiveness
- All of these phrases damage rapport.**

## PHRASES TO AVOID



The diagram shows five phrases in different shapes: a yellow circle for "Calm Down", a blue cloud for "You shouldn't", a grey starburst for "Why", a green rounded rectangle for "You should", and a grey rounded rectangle for "I understand".

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**Slides 44-45 Suicide Prevention**

- Introduction to suicide calls and prevention.
- Acknowledge a large volume of their calls is probably from suicidal callers.
- Give hand-out from Ohio Suicide Prevention Foundation. Review statistics.
- Ask participants to share their experiences with suicide callers.

***Anticipated response(s): overdoses, cutting themselves***  
What strategies have worked for them?



**SUICIDE PREVENTION: THE FACTS**

- Suicide is the tenth leading cause of death
- Suicide is the second leading cause among people ages 14 to 35
- Suicide is considered a public health problem.
- Military service is also a factor as 20 veterans commit suicide every day
- Ohio mirrors the nation in that men are far more likely to commit suicide than women
- Vast majority is between the ages of 45 to 54 years old

Source: Ohio Suicide Prevention Foundation

**Slides 46-47 Suicide Myths and Facts**

- Discuss myths and facts related to suicide in slides 46-47.
- This is taken from the QPR Institute as referenced in the slide.
- Ask what other suicide myths might people have? What myths can they identify with or were taught when they were younger?

***Anticipated response(s): it's a sin, sign of weakness, they were selfish***

How do these myths impact how we view suicide and deliver services to people?

***Anticipated response(s): may not be as empathetic depending upon your perspective***

**SUICIDE MYTHS AND FACTS**

Myth: No one can stop a suicide, it is inevitable.

Fact: If people in a crisis get the help they need, they will probably never be suicidal again.

Myth: Confronting a person about suicide will only make them angry and increase the risk of suicide.

Fact: Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.

Myth: Only experts can prevent suicide.

Fact: Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide.

Source: Question, Persuade, Refer Institute (QPR)

**SUICIDE MYTHS AND FACTS**

Myth: Suicidal people keep their plans to themselves.

Fact: Most suicidal people communicate their intent sometime during the week preceding their attempt.

Myth: Those who talk about suicide don't do it.

Fact: People who talk about suicide may try, or even complete, as an act of self-destruction.

Myth: Once a person decides to complete suicide, there is nothing anyone can do to stop them.

Fact: Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help? Ask the Question...

Source: Question, Persuade, Refer Institute (QPR)



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**Slide 48-Suicidal Callers**

- State tips when handling suicidal callers listed on the slide.
- Ask participants what has worked for them.

**SUICIDAL CALLERS**

- Be Yourself
- The right words are not important. Your concern will show through in your voice and manner
- Listen! Let the person ventilate anger, frustration, etc. even though the call may seem negative, the person has reached out for help and that is a positive sign
- Be empathetic
- No judgments
- Remain calm



**Slide 49-The L.A.S.T. Model for Suicide Prevention**

- Emphasize the importance for assessing imminent danger. Is the person having suicidal thoughts or do they have a means and a plan?
  - Lethality**-what is chosen method? (i.e. weapons, pills, etc.)
  - Access**-availability of chosen method to harm himself/herself (i.e. gun in house)
  - Specificity** of the plan-do they have an actual step by step plan of how they would carry out the act vs. vague ideas?
  - Timing**-when would they do it? (i.e. when everyone has gone to work, school, etc.)
- Activity:** Play video of suicidal veteran here. Debrief video-get feedback.

**THE L.A.S.T. MODEL:  
SUICIDE PREVENTION**

- Lethality:** What is the chosen method?
- Access:** Availability of chosen method-does the person have access to the means to harm himself?
- Specificity of the plan:** specific details about time, method, vs vague ideas
- Timing:** When would you do it?

Source: Ohio Police Training Academy 2016

<https://www.youtube.com/watch?v=jskE40URetI>

**Slide 50-Suicide Prevention: Role Play**

- Activity/Role Play:** Ask for two volunteers to role play a suicidal caller. One will be the caller the other the operator.
- Role Play:** Amanda is 30 years old and has severe depression. She calls 911 crying and upset. Her mother died 2 weeks ago from cancer and her boyfriend told her he wants to break up with her. She is distraught and says she has nothing to live for. She tells the operator she has her mother's pain pills and a bottle of liquor so she can end it all.
- Debrief role play.** What went well? What could have been done differently?

**SUICIDE PREVENTION: ROLE PLAY**

- Need two volunteers-one the caller the other the operator
- Seated back to back.
- Scenario to play out in front of the staff.
- Feedback and comments-what could have been asked, said, etc.
- Empathy vs sympathy-what's the difference?

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**Slides 51-52 Suicidal Callers: Do's and Don'ts**

- Review do's and don'ts when handling suicidal callers.
- Summarize what has been discussed.

**SUICIDAL CALLERS: DO'S**

- Remain calm
- Help define the problem
- Rephrase thoughts
- Focus on central issues
- Emphasize temporary nature of the problem
- Explore resources
- Get help during the call
- Debrief afterwards



**SUICIDAL CALLERS: DON'TS**

- Don't sound shocked
- Don't offer empty promises
- Don't debate morality
- Don't get side tracked on extraneous or external issues
- Don't debate whether suicide is right or wrong
- Don't take it personally. No self blame.



**Slide 53-What is Trauma?**

- Introduction to trauma.
- Ask participants how they define trauma?  
What does it mean to them?

***Anticipated response(s): something bad that's happened to a person i.e. physical/sexual abuse, assault, witnessing a crime, natural disaster, etc.***

- Review definition.

**WHAT IS TRAUMA?**

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Source: Substance Abuse and Mental Health Services Administration  
www.samhsa.gov

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**Slide 54-Vicarious Trauma**

- Define vicarious trauma and explain how this can impact them due to the nature of their job (i.e. the calls they receive, their repeated exposure, etc.)
- It is important to acknowledge and recognize vicarious trauma because it can impact how they do their job as well as their personal life. (Increase stress, poor health/health habits, affect relationships, become apathetic at work/home)

**VICARIOUS TRAUMA**

Vicarious Trauma is an occupational challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, fire services, and other allied professions, due to their continuous exposure to victims of trauma and violence.

Source: Office for Victims of Crime

**Slide 55-Self-Care...What is it?**

- Define Self-Care.
  - Ask group what self-care means to them.
- Anticipated response(s): taking care of yourself mentally and physically***
- Share examples.

**SELF-CARE...WHAT IS IT?**

Self-Care is the ability to maintain physical, emotional, relational, and spiritual health in times of stress.



Source: Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

**Slide 56-Strategies for Self-Care**

- Discuss strategies for self-care.
- Review the four dimensions of your nature and give examples of each:  
**Physical:** exercise/being active (can mean many things for different people), getting enough sleep/rest, nutrition, healthcare  
**Spiritual:** may mean different things for people- it's a very private part of a person's life; religious, being one with nature, meditation, immersion into great literature or music  
**Mental:** can include anything that engages the mind, continuing education personal and professional, writing (poetry, music, stories, etc.)  
**Social/Emotional:** taking time for relationships (family, friends, etc.), service and leadership
- Ask group to share if they participate in any of the activities listed above or identify other strategies that may be helpful.
- Emphasize last bullet point that it is okay to seek professional help when needed.

**STRATEGIES FOR SELF-CARE**

- Recognize when you need help and get it
- Talk about your concerns with someone
- Find stress relief activities away from work
- Renew the four dimensions of your nature
  - ❖ **Physical, Spiritual, Mental, Social/Emotional**
- Seek professional help when needed

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### Slide 57-Self-Care Image

- Explain to group that this is a visual image of strategies for self-care.
- Each individual should find what works for them.



## Slide 58-Internal Resources

- Review internal resources available to staff for self-care.

## INTERNAL RESOURCES

- Role of peers-informal peer support network within the workplace
- Employee Assistance Program-City of Cleveland
- Ohio Assist Program-statewide resource

## Slide 59-Community Resources

- Review community resources available for people in crisis.
- Introduce and distribute District Resource Cards.

## COMMUNITY RESOURCES

The ADAMHS Board provides funding for services through Frontline Services:

- 24-Hour Suicide Prevention
- Mental Health & Addiction Crisis/Information & Referral Line for Adults & Children, operated by Frontline Service, Inc.

**216-623-6888**

- Mobile Crisis Team is available to talk with the community about resources for help
- District Resource Cards

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**Slide 60-Summary**

- Summarize objectives and review topics covered during the session.
- Allow for final questions/comments.

**SUMMARY**

- Role of the Crisis Intervention Team Officer
- Definition of crisis
- Signs and symptoms of mental illness
- Active Listening Skills
- Suicide Prevention
- Vicarious Trauma and Self-Care